

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9934</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Don L Brummer</u> P O Box Bldg Room No if any <input type="text"/> Street <u>4611 Bald Hill Rd</u> City <u>Jefferson City</u> State <u>Missouri</u> ZIP Code + 4 <u>65101</u>	4 Name file number and address of labor organization. Name <u>IBEW Local 257</u> Labor Organization File Number <u>052904</u> P O Box Building and Room Number if any <input type="text"/> Street <u>209 Flora Drive</u> City <u>Jefferson City</u> State <u>Missouri</u> ZIP Code + 4 <u>65101</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions).

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name, if any <input type="text"/> P O Box, Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction or Income <input type="text"/> 7.b. Amount. <input type="text"/>
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Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Don L. Brummer

On

8-11-05
Date

523-635-9985
Telephone Number

Name of Person Filing

Don L. Bruemmer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name if any)

Name

Trade Name, if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name IBEW Local 257 J.A.T.C.

Trade Name if any

P O Box, Bldg Room No if any

Street 216 Flora Drive

City Jefferson City

State Missouri ZIP Code + 4 65101

11 a. Nature of such dealing

Apprenticeship graduation
Dinner

11.b Approximate dollar value of such dealing

37.00%

12.a Nature of interest held or income received

12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

14.a Nature of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14.b Amount of payment.

Name of Person Filing

Don L Brummer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name if any)

Name Chartwell Benefits

Trade Name, if any

P O Box, Bldg Room No if any Suite 1050Street 601 Carlson ParkwayCity MinnetonkaState Minnesota ZIP Code + 4 55305

9 Business deals with

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10 If 9 b or 9 c. is checked give trust or employer's name

Name Dakota Western Health & Welfare

Trade Name if any

P O Box, Bldg Room No if any 1951Street 5410 13th Ave SouthCity FargoState North Dakota ZIP Code + 4 58121

11 a. Nature of such dealing

Dinner After +rost
fund meeting
8-10-84

11 b Approximate dollar value of such dealing

\$63.93

12.a. Nature of interest held or income received

12.b Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14.a Nature of payment.

13.b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing

Don L. Brummer

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name McGrath Shea Anderson

Trade Name if any

P O Box, Bldg Room No if any Suite 2600Street 800 Nicollet MallCity MinneapolisState Minnesota ZIP Code + 4 55402

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Dakota Western Health + Welfare

Trade Name if any

P O Box Bldg Room No if any 1951Street 3410 13th Ave SouthCity FargoState North Dakota ZIP Code + 4 58121

11 a Nature of such dealing

DINNERS After Trust
Fund meetings
2-9-04 11-7-04

11 b. Approximate dollar value of such dealing

\$ 89.90

12 a. Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13 b Is the Business an Employer ☐or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing

Don L. Bruemmer

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name Benefit Plan Administrator

Trade Name if any

P O Box, Bldg Room No if any

1951Street 5410 13th Ave SouthCity FargoState North Dakota ZIP Code + 4 58121

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Dakotas Western Health & Welfare

Trade Name, if any

P O Box Bldg Room No. if any

1951Street 5410 13th Ave SouthCity FargoState North Dakota ZIP Code + 4 58121

11 a. Nature of such dealing

Dinner After trust fund meeting 5-18-04
11-9-04

11.b Approximate dollar value of such dealing

\$107.45

12.a. Nature of interest held or income received

12.b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13.b Is the Business an Employer ☐or Consultant ☐ ?

14.b Amount of payment